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Bib Data Sheet

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| SERIAL NUMBER 09/700,383 | FILING DATE 11/14/2000 RULE - | CLASS 380 | GROUP ART UNIT 2135 | ATTORNEY DOCKET NO. PHN17384 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Antonius Adriaan Maria Staring, Eindhoven, NETHERLANDS;
Pieter Bas Ijdens, Eindhoven, NETHERLANDS;
Robert Jochemsen, Eindhoven, NETHERLANDS;
Ronald Marcel Tol, Eindhoven, NETHERLANDS;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/EP00/02274 03/14/2000

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 99200776.5 03/15/1999
EUROPEAN PATENT OFFICE (EPO) 99200930.8 03/26/1999

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 12/27/2000

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|--|--|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY NETHERLANDS | SHEETS DRAWING 6 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <u>Blender</u> Examiner's Signature <u>BP</u> Initials | | | | |

ADDRESS

Corporate Patent Counsel
Philips Electronics North America Corporation
580 White Plains Road
Tarrytown, NY 10591

TITLE

Method and system for providing copy-protection on a storage medium and storage medium for use in such a system

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| FILING FEE RECEIVED 860 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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| AL NUMBER: | 09 / 700383 | RECEIPT DATE: | 11 / 14 / 00 |
| NUMBER: | PCT/ EP00 / 02274 | IA FILING DATE: | 03 / 14 / 00 |
| LY NAME: | STARING | DELAY WAIVED (Y/N): | Y |
| EN NAME: | ANTONIUS ADRIAAN MARIA | DEMAND RECEIVED (Y/N): | N |
| ORITY CLAIMED (Y/N): | Y | PRIORITY DATE: | 03 / 15 / 99 |
| BASIC FEE (Y/N): | N | US DESIGNATED ONLY (Y/N): | N |
| ORNEY DOCKET NUMBER: | PHN 17,384 | COUNTRY: | |
| RESPONDENCE NAME/ADDRESS: | CUSTOMER NUMBER: | 000000 | TELEPHONE 0000000000 |
| | | | FAX |
| F: | CORPORATE PATENT COUNSEL | | |
| | PHILIPS ELECTRONICS NORTH AMERICA CORP | | |
| RET: | 580 WHITE PLAINS ROAD | | |

Y: TARRYTOWN
 IE/COUNTRY: NY ZIP: 10591
 IL:

PLICATION TITLES:
 METHOD AND SYSTEM FOR PROVIDING COPY-PROTECTION ON A STORAGE MEDIUM AN
 O STORAGE MEDIUM FOR USE IN SUCH A SYSTEM

TAB TO LAST POSITION.PUSH SEND